

# AUTO CR - LOG SUMMARY #1052682

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that PO Carroll responded to a domestic battery and the subject fled. PO Carroll chased the subject and caught him. The subject began to swing his arms and PO Carroll attempted to Taser the offender. The Taser malfunctioned and the offender fled the scene.	(None Entered)		

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	FORGUE, RONALD D			005 /	SERGEANT OF POLICE	M	S		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
19-MAR-2012 08:58 - 19-MAR-2012 08:58		0513	005	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	CARROLL, MICHAEL A	14575		005 /	POLICE OFFICER	M	WHI		
NON-CPD	Victim/Subject	Unknown					M	U	CHICAGO	

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	27-MAR-2012 06:02	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	27-MAR-2012 06:02	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	21-MAR-2012 10:34	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	21-MAR-2012 10:33	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	21-MAR-2012 10:28	DEAN, BRUCE	SUPERVISING INV COPA	113 /	edit
PENDING SUPERVISOR REVIEW	21-MAR-2012 05:19	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	20-MAR-2012 07:17	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	20-MAR-2012 03:16	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	20-MAR-2012 12:12	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	19-MAR-2012 10:12	DOUGLAS, KHRYSTL	INTAKE AIDE		

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					DOUGLAS, KHRYSTL	19-MAR-2012 10:12			
	DOCUMENTS - INTAKE INCIDENT		2	P.O. Carroll, #14575	N	DOUGLAS, KHRYSTL	20-MAR-2012 03:12	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	RD# [REDACTED]	N	DOUGLAS, KHRYSTL	20-MAR-2012 03:13	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Serial-X00-554424	N	DOUGLAS, KHRYSTL	20-MAR-2012 03:14	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	P.O. Carroll, #14575	N	DOUGLAS, KHRYSTL	20-MAR-2012 03:11	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 19-MAR-2012) - LOG #1052682

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party			6864	005 /	SERGEANT OF POLICE	M	S		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	19-MAR-2012 22:12	DOUGLAS, KHRYSTL	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	27-MAR-2012 06:02	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	27-MAR-2012 06:02	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	21-MAR-2012 05:19	DOUGLAS, KHRYSTL	INTAKE AIDE		
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## Status History

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PRELIMINARY	20-MAR-2012 12:12	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	19-MAR-2012 10:12	DOUGLAS, KHRYSTL	INTAKE AIDE		

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 19-MAR-2012		TIME 21:00:00		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 291		4. BEAT/OCCUR 0513								
MEMBER INVOLVED [X] SUBJECT INFORMATION	5. POSITION 9161		8. LAST NAME CARROLL		7. FIRST NAME MICHAEL A		8. STAR NO. 14575		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT 602		13. WT 180	
	14. DATE OF APPT. 25-AUG-2003		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 005 0512		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE		25. D.O.B.		26. HT		27. WT			
	28. ADDRESS				28. TELEPHONE NO		30. WAS SUBJECT ARMED/HANDS/PISTLS <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36. CHARGES PLACED				<input checked="" type="checkbox"/> DNA				37. CB NO		IR NO		<input checked="" type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	39. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		ACTIVE REGISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE							
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER PUSHED AND THREW HIS		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER PUSHED AND THREW HIS		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER PUSHED AND THREW HIS		USERS FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____					
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WHISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____									
	40. ADDITIONAL INFORMATION OFFENDER MADE GOOD HIS ESCAPE																	
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR											
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
	49. TASER DART ID NO. C310131C3		50. WEAPON SERIAL No (Include Letters) X00554424		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO									
	54. SPECIAL WEAPON CERTIFICATE NO		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED									
CASE INFO.	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
	70. EVENT NO.																	
SIGNATURES	71. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR		72. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
	73. REPORTING MEMBER (Print Name) CARROLL, MICHAEL A 19-MAR-2012 21:56:13		STAR/EMPLOYEE NO 14575		SIGNATURE [REDACTED]													
74. REVIEWING SUPERVISOR (Print Name) FORGUE, RONALD D		STAR NO 1600		SIGNATURE [REDACTED]		DATE REVIEWED 19-MAR-2012 22:08:41		TIME										

# WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender made good his mistake.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Following investigation, R/Lt finds the Officer to have followed Department Rules and Regulations, City Law and State Law.  
IPRA notified 2215 hrs, INV. Douglas #10138

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1052682 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

BICKHAM, TIMOTHY M

SIGNATURE

DATE COMPLETED TIME

19-MAR-2012 22:14:02

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

1

# OFFICER'S BATTERY REPORT CHICAGO POLICE DEPARTMENT

RD NO

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

## "X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>CARROLL, MICHAEL A</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE <div style="background-color: black; width: 100px; height: 15px;"></div>	
STAR NO. <b>14575</b>	POSITION <b>POLICE OFFICER</b>	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>25-AUG-2003</b>	EMPLOYEE NO. <div style="background-color: black; width: 100px; height: 15px;"></div>	LOCATION CODE <b>291-RESIDENTIAL YARD (FRONT/BAI)</b>	BEAT OF OCCURRENCE <b>0513</b>
UNIT OF ASSIGNMENT <b>005</b>	BEAT/CALL NO. <b>0512</b>	DATE OF OCCURRENCE <b>19-MAR-2012</b>	TIME <b>21:00:00</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DAY OF WEEK <b>MONDAY</b>	
HEIGHT <b>602</b>	WEIGHT <b>180</b>	NO. OF OFFICERS BATTERED <u>1</u>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____ WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 1. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ FIREARM USE INFORMATION (Check all that apply) <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER _____		OFFENDER INFORMATION SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE _____    DOB _____ CB NO _____    IR NO _____ WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?    GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>70°F</u>	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD			



REPORTING MEMBER - SIGNATURE CARROLL, MICHAEL A	STAR NO. 14575	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE BICKHAM, TIMOTHY M	STAR NO. 284
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**CHICAGO POLICE DEPARTMENT**  
**ORIGINAL CASE INCIDENT REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653  
 (For use by Chicago Police Department Personnel Only)  
 CPD-11.388(8/03)-C

RD #: [REDACTED]  
 Case ID: [REDACTED]  
 EVENT #: [REDACTED]

<b>INCIDENT</b>	<b>APPROVAL COMPLETE</b>		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	Occurrence Location: [REDACTED] 291 - Residential Yard (Front/Back)	Beat: 0513	Unit Assigned: 0512 RO Arrival Date: 19 March 2012 20:58
	Occurrence Date: 19 March 2012 21:00	# Offenders: 1	

<b>NON-OFFENDER(S)</b>	<b>VICTIM - Individual</b>		<b>Police Officer</b>
	Name: P.O. M. CARROLL, # 14575		
	Res: 727 E 111th St Chicago IL	Beat: 0531	
	Sobriety: Sober		
	CPD Officer: Yes		

<b>SUSPECT(S)</b>	<b>Suspect # 1</b>	
	Name: OFFENDER(S)-NO.DETAILS	<b>Demographics</b>
		Male Black 5'07, 160 lbs , Brown Eyes Black Hair Short Hair Style Dark Complexion
		Age: 20 years - 25 years
		<b>Descriptions</b>
	Clothing Description: Top - Blue Blue Plaid Button Dwn,S Sleeve Shirt; Bottom - Blue Jeans	

<b>RELATIONSHIP</b>	P.O. M. CARROLL, # 14575 ( Victim )	is a No Relationship of	OFFENDER(S)-NO DETAILS ( Offender )

<b>NARRATIVES</b>	EVENT NUMBER: [REDACTED] IN SUMMARY, R/OS RESONDING TO A DOMESTIC INCIDENT / BATTERY IN PROGRESS OBSERVED AN UNK M/1 STANDING IN THE AREA OF THE ASSIGNED JOB AT [REDACTED] P.O. M. CARROLL # 14575 EXITED HIS MARKED VEHICLE TO SPEAK WITH THE UNK M/1 WHO SUBSEQUENTLY FLED ON FOOT. P.O. CARROLL GAVE CHASE, CATCHING UP WITH THE OFFENDER, WHO TURNED AND BEGAN TO PUSH AND SWING HIS FISTS AT P.O. CARROLL. THE OFFENDER FAILED TO COMPLY WITH P.O. CARROLL'S VERBAL COMMANDS, CONTINUED TO PUSH AND SWING HIS FISTS AT P.O. CARROLL. P.O. CARROLL WAS ABLE TO DEFLECT THE OFFENDERS SWINGS AND DEPLOYED HIS TASER. AS P.O. CARROLL DEPLOYED HIS TASER, THE OFFENDER CONTINUED TO FLEE, CLOSING THE GATE IN THE YARD OF [REDACTED] CAUSING THE TASER TO NOT PROPERLY ATTACH IN THE OFFENDER. P.O. CARROLL CONTINUED TO PURSUE THE OFFENDER, WHO ULTIMATELY MADE GOOD HIS ESCAPE. P.O. CARROLL AND OTHER OFFICERS CONDUCTED A SYSTEMATIC SEARCH OF THE AREA, BUT NEVER FOUND THE OFFENDER. ZONE 9



## NARRATIVES

OEMC, BEAT 510, AND BEAT 599 ALL NOTIFIED OF TASER DEPLOYMENT BY P.O. CARROLL AND T.R.R. AND O.B.R. HAVE BEEN GENERATED.

REPORTING OFFICER - STAR#: 14575 NAME: MICHAEL CARROLL BEAT: 0512

REPORTING OFFICER - STAR#: 10408 NAME: ESNAF HUSIC BEAT: 0512

## PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	14575	[REDACTED]	CARROLL, Michael, A	[REDACTED]	19 Mar 2012 20:49	005	0512

## IUCR ASSOCS.

Victim	IUCR	Crime	Offender
P.O. M. CARROLL	0454	Battery - Agg Po Hands No/Min Injury	OFFENDER(S)-NO DETAILS





# TASER

PROTECT LIFE

## TASER Information

## Downloaded By

<b>Serial #</b>	<i>X00-554424</i>	<b>Name</b>	<i>James ODonnell</i>
<b>Model #</b>	<i>X26</i>	<b>Dept</b>	<i>CPD</i>
<b>X26 Software Version</b>	<i>22</i>	<b>Rank</b>	<i>Capt</i>
<b>Dataport CD Version</b>	<i>17.9</i>	<b>Windows Version</b>	<i>Windows XP</i>
<b>Record Date Range</b>	<i>03/19/2012 - 03/19/2012</i>	<b>Report Generated</b>	<i>03/19/12 22:15:58 (local)</i>
<b>Computer Time Zone</b>	<i>Central Standard Time *DST</i>		
<b>Using Daylight Savings Time</b>	<i>Yes</i>		

## Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/25/10 16:42:59	10/25/10 11:42:59	Old Time		
0003	10/25/10 16:42:59	10/25/10 11:42:59	New Time		
0004	04/03/11 18:23:40	04/03/11 13:23:40	Old Time		
0005	04/03/11 18:19:28	04/03/11 13:19:28	New Time		
0006	06/03/11 16:42:56	06/03/11 11:42:56	Old Time		
0007	06/03/11 16:41:10	06/03/11 11:41:10	New Time		
0008	03/20/12 02:02:00	03/19/12 21:02:00	2	29	98

End of Report.